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ATTORNEY DOCKET NO CONFIRMATION NO.

APPLICATION NO.	FILING DATE	•	LIK21 NAMED INVENTOR		SIGNET BOOKSTING	
10/665,502	09/22/2003		Ryuji Zaiki		239198US2	6840
TITLE OF INVENTION	: X-RAY DIAGNOSIS	APPARATUS				
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
	NO	\$1440	\$300	\$0	\$1740	01/18/2008

nonprovisional	NO	\$1440	\$300	4 0	91 1110	•••••
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
YUN, JU	RIE	2882	378-196000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer		For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		1 Oblon, Spivak, 2 McClelland, Maier		
		registered attorney or a	e firm (having as a member a igent) and the names of up to rneys or agents. If no name is printed.		istadt, P.C.	

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(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KABUSHIKI KAISHA TOSHIBA

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government

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Authorized Signature Typed or printed name James H. Khebei

Jan 09 2008

Registration No. Registration No. 22,630

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